

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE:

ORLANDO DELGADO COCHRAN
SONIA N. REYES GONZALEZ
DEBTOR(S)

CASE NO 11-00278-ESL

CHAPTER 13

**NOTICE OF FILING OF AMENDED CHAPTER 13 PLAN
AND CERTIFICATE OF SERVICE**

TO THE HONORABLE COURT:

NOW COME, ORLANDO DELGADO COCHRAN and SONIA N. REYES GONZALEZ, through the undersigned attorney, and very respectfully state and pray as follows:

1. Debtors are hereby submitting an amended Plan dated March 23, 2011, herewith and attached to this motion.
2. This amended Chapter 13 Plan is filed to increase the Plan base to cure the "insufficiently funded".

I CERTIFY that on this same date a copy of this notice was sent via electronically with the Clerk of the Court using CM/ECF systems which will send notifications of such to the Chapter 13 Trustee; and also certify that I have mailed by United States Postal Service copy of this motion to the following non CM/ECF participants: debtors, Orlando Delgado Cochran and Sonia N. Reyes Gonzalez; and to all creditors and parties in interest in the present case.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 23rd day of March, 2011.

/s/ Roberto Figueroa-Carrasquillo
USDC #203614
ATTORNEY FOR PETITIONER
PO BOX 193677
SAN JUAN PR 00919-3677
TEL NO (787) 744-7699 FAX 746-5294
EMAIL: rfigueroa@prtc.net

**United States Bankruptcy Court
District of Puerto Rico**

IN RE:

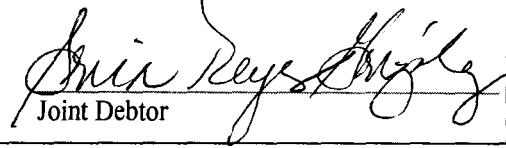
Case No. **11-00278-13**

DELGADO COCHRAN, ORLANDO & REYES GONZALEZ, SONIA NOEMI
Debtor(s)

Chapter **13**

CHAPTER 13 PAYMENT PLAN

1. The future earnings of the Debtor(s) are submitted to the supervision and control of the Trustee and the Debtor(s) shall make payments to the Trustee directly by payroll deductions as hereinafter provided in the PAYMENT PLAN SCHEDULE.
2. The Trustee shall distribute the funds so received as hereinafter provided in the DISBURSEMENT SCHEDULE.

PLAN DATED: _____		<input checked="" type="checkbox"/> AMENDED PLAN DATED: 3/23/2011																															
<input type="checkbox"/> PRE <input type="checkbox"/> POST-CONFIRMATION		Filed by: <input checked="" type="checkbox"/> Debtor <input type="checkbox"/> Trustee <input type="checkbox"/> Other																															
I. PAYMENT PLAN SCHEDULE <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">\$</td> <td style="width: 15%; text-align: right;">300.00</td> <td style="width: 15%; text-align: right;">x</td> <td style="width: 15%; text-align: right;">12</td> <td style="width: 15%; text-align: right;">= \$</td> <td style="width: 15%; text-align: right;">3,600.00</td> </tr> <tr> <td>\$</td> <td style="text-align: right;">675.00</td> <td>x</td> <td style="text-align: right;">48</td> <td>= \$</td> <td style="text-align: right;">32,400.00</td> </tr> <tr> <td>\$</td> <td>x</td> <td>= \$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>\$</td> <td>x</td> <td>= \$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>\$</td> <td>x</td> <td>= \$</td> <td></td> <td></td> <td></td> </tr> </table> TOTAL: \$ 36,000.00		\$	300.00	x	12	= \$	3,600.00	\$	675.00	x	48	= \$	32,400.00	\$	x	= \$				\$	x	= \$				\$	x	= \$				II. DISBURSEMENT SCHEDULE A. ADEQUATE PROTECTION PAYMENTS OR \$ B. SECURED CLAIMS: <input type="checkbox"/> Debtor represents no secured claims. <input checked="" type="checkbox"/> Creditors having secured claims will retain their liens and shall be paid as follows: 1. <input checked="" type="checkbox"/> Trustee pays secured ARREARS: Cr. DORAL BANK Cr. _____ Cr. _____ # 30018532 # _____ # _____ \$ 28,418.93 \$ _____ \$ _____ 2. <input type="checkbox"/> Trustee pays IN FULL Secured Claims: Cr. _____ Cr. _____ Cr. _____ # _____ # _____ # _____ \$ _____ \$ _____ \$ _____ 3. <input type="checkbox"/> Trustee pays VALUE OF COLLATERAL: Cr. _____ Cr. _____ Cr. _____ # _____ # _____ # _____ \$ _____ \$ _____ \$ _____ 4. <input type="checkbox"/> Debtor SURRENDERS COLLATERAL to Lien Holder: 5. <input type="checkbox"/> Other: 6. <input checked="" type="checkbox"/> Debtor otherwise maintains regular payments directly to: DORAL BANK C. PRIORITIES: The Trustee shall pay priorities in accordance with the law. 11 U.S.C. § 507 and § 1322(a)(2) D. UNSECURED CLAIMS: Plan <input type="checkbox"/> Classifies <input checked="" type="checkbox"/> Does not Classify Claims. 1. (a) Class A: <input type="checkbox"/> Co-debtor Claims / <input type="checkbox"/> Other: <input type="checkbox"/> Paid 100% / <input type="checkbox"/> Other: Cr. _____ Cr. _____ Cr. _____ # _____ # _____ # _____ \$ _____ \$ _____ \$ _____ 2. Unsecured Claims otherwise receive PRO-RATA disbursements. OTHER PROVISIONS: (Executory contracts; payment of interest to unsecureds, etc.) * "Tax refunds will be devoted each year, as periodic payments, to the plan's funding until plan completion. The plan shall be deemed modified by such amount, without the need of further Court order. The debtor(s) shall seek court's authorization prior any use of funds." *Or as otherwise specified on proof of claim. Late filed claims filed by creditors will receive no distribution. Debtor reserves the right to object claims after plan confirmation.	
\$	300.00	x	12	= \$	3,600.00																												
\$	675.00	x	48	= \$	32,400.00																												
\$	x	= \$																															
\$	x	= \$																															
\$	x	= \$																															
Additional Payments: \$ _____ to be paid as a LUMP SUM within _____ with proceeds to come from: <input type="checkbox"/> Sale of Property identified as follows: <input type="checkbox"/> Other: Periodic Payments to be made other than, and in addition to the above: \$ _____ x _____ = \$ _____ PROPOSED BASE: \$ 36,000.00																																	
III. ATTORNEY'S FEES (Treated as § 507 Priorities)																																	
Outstanding balance as per Rule 2016(b) Fee Disclosure Statement: \$ 2,774.00																																	
Signed:  Debtor  Joint Debtor																																	

Attorney for Debtor **R. Figueroa Carrasquillo Law Office**

Phone: **(787) 744-7699**

**DELGADO COCHRAN, ORLANDO
JARDINES DE PATILLAS
21 GLADIOLA STREET
PATILLAS, PR 00723**

**REYES GONZALEZ, SONIA NOEMI
JARDINES DE PATILLAS
B 13 GLADIOLA STREET
PATILLAS, PR 00723**

**R. Figueroa Carrasquillo
Law Office
PO Box 193677
San Juan, PR 00919-3677**

**DEPARTMENT OF EDUCATION
PO BOX 4169
GREENVILLE, TX 75403-4169**

**DORAL BANK
BOX 308
CATANO, PR 00963**

**SALLIE MAE
PO BOX 9500
WILKES BARRE, PA 18773-9500**

**SILVIA EGURROLA ALONSO
PO BOX 3633507
SAN JUAN, PR 00936-3507**